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Mar 07, 2005 8:00 am
Secretary of State
03-07-2005 90056 029 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012582

1. Entity Name
EAS INVESTMENTS, L.C.

Principal Place of Business	Mailing Address
~~3310 FORT DENAUD ROAD~~ LABELLE, FL 33935	~~3310 FORT DENAUD ROAD~~ LABELLE, FL 33935

20018573

02282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3090 Fort Denaud Road	3090 Fort Denaud Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SAME	City & State: SAME
Zip: SAME / Country: USA	Zip: SAME / Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, DONALD J
~~3310 FORT DENAUD ROAD~~
LABELLE, FL 33935

7. Name and Address of New Registered Agent

Name: SAME
Street Address (P.O. Box Number is Not Acceptable): 3090 Fort Denaud Road
City: SAME FL Zip Code: SAME

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SMITH, DONALD J ~~3310 FORT DENAUD ROAD~~ LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3090 Fort Denaud Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRA SMITH, LOIS M ~~3310 FORT DENAUD ROAD~~ LABELLE, FL 33935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 3090 Fort Denaud Road
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lois M. Smith 2/28/05 (239) 369-2970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #